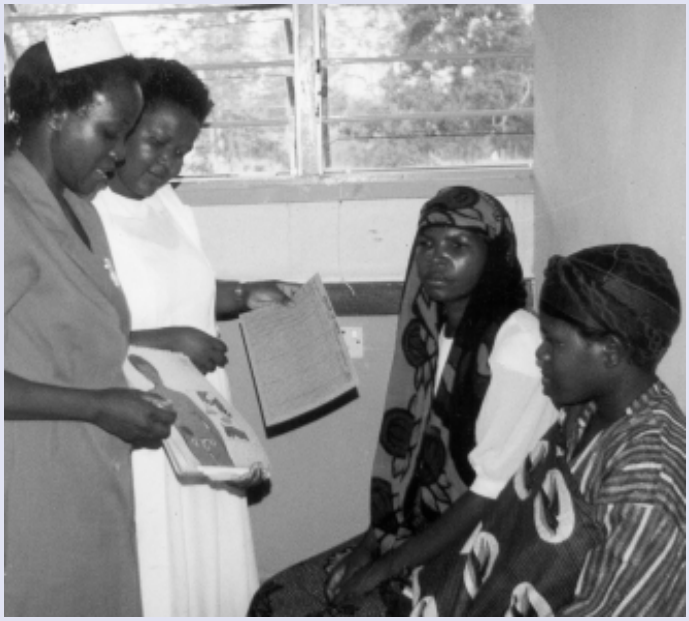
PRIME PAGES

Nurse-Midwives Expand Postabortion Care at the Community Level



The Situation

In sub-Saharan Africa, where maternal mortality often exceeds 1000 deaths per 100,000 live births, many women die as a result of unsafe abortion. Postabortion-related deaths in Uganda account for one quarter of all maternal deaths; in Kenya the figure rises to over one third.

While the vast majority of these deaths are preventable, the standard treatment – uterine evacuation by dilation and curettage, requiring general anesthesia in a hospital setting – is often inaccessible to the poor, rural, minority, and refugee communities most in need. A fully tested, medically approved alternative procedure, manual vacuum aspiration (MVA), allows primary care providers in outpatient settings to perform safe uterine evacuation, saving the lives of many women.

The Initiatives

The PRIME Project modeled postabortion care (PAC) initiatives in Uganda and Kenya on a successful pilot program in Ghana, where PRIME helped train nurse-midwives who demonstrated they can provide PAC services safely and effectively. What's more, their clients seek out and pay for these services.

In both Uganda and Kenya, PRIME launched pilot initiatives to expand nurse-midwives' scope of practice to include PAC. In Kenya PRIME trained nurse-midwives in selected private sector facilities, while in Uganda PRIME targeted PAC expansion at public sector facilities. The Kenya model emphasized the importance of advocacy and partnership between the private

PRIME Regional Office for East/Southern Africa
Post Office Box 44958
Nairobi, Kenya
Tel: 254-2-211820
Fax: 254-2-226824
intrahron@intrah.org

PRIME II

Intrah School of Medicine
University of North Carolina
1700 Airport Road, Suite 300 CB 8100
Chapel Hill, North Carolina 27599-8100
Tel:919-966-5636 Fax:919-966-6816
intrah@intrah.org www.prime2.org

and public sectors. The POLICY project facilitated advocacy workshops to foster support for private nurse-midwives as PAC providers.

Both projects emphasized the importance of supportive supervision. PRIME instructed supervisors from the Ministry of Health in Kenya and from the District Health Management Teams in Uganda on ways to provide technical support and effective supervision to the PAC-proficient nurse-midwives.

The Results

The PRIME-assisted initiative in Kenya demonstrated clearly that trained nurse-midwives using MVA can provide safe, high-quality PAC services at the community level. After the training, virtually all the nurse-midwives achieved acceptable standards of performance, resulting in a rapid expansion of PAC services. Over 80% of postabortion care patients received family planning counseling and 100% of those who did not want to become pregnant accepted a contraceptive method. There were no complications related to the MVA procedure. Not surprisingly, the number of women seeking PAC services at these pilot primary care facilities increased. In fact, the availability and use of PAC services at the community level has helped reduce the number of women seeking postabortion care at referral facilities, where they often arrive with complications exacerbated by delays and difficulties in travel.

In Uganda, the pilot PAC training improved women's access to postabortion care, and to the other reproductive health services offered in conjunction with PAC. During the course of the project, more than half of the postabortion patients seeking care presented with incomplete abortion below 12 weeks uterine size. All of them received MVA treatment, which was performed by the newly-trained midwives in three-quarters of the cases. There were no procedure-related complications. Among all the postabortion patients, 70% received a family planning method at the time of treatment, 64% received STI/HIV counseling, and 33% received appropriate nutrition counseling.

Statistics cited from:

Kiggundu, Charles. *Decentralising Integrated Postabortion Care in Uganda: A Pilot Training and Support Initiative for Improving the Quality and Availability of Integrated RH Service*. Nairobi, Kenya: Intrah, PRIME Project, 1999.

National Council for Population and Development (NCPD), Central Bureau of Statistics (CBS) (Office of the Vice President and Ministry of Planning and National Development) [Kenya], and Macro International Inc. (MI). *Kenya Demographic and Health Survey 1998.* Calverton, MD: NDPD, CBS, and MI, 1999.

Statistics Department [Uganda], and Macro International Inc. (MI). *Uganda Demographic and Health Survey 1995.* Calverton, MD: Statistics Department [Uganda] and MI, 1996.

Yumkella, Fatu, and Florence Githiori. *Expanding Opportunities for Postabortion Care at the Community Level through Private Nurse-Midwives in Kenya.* Chapel Hill, NC: Intrah, PRIME Project, 2000. (PRIME Technical Report 21)

PRIME II

Suggested citation:
Rabb, M. *Nurse-Midwives Expand Postabortion Care at the Community Level.* 9/2000.
(PRIME PAGES: ESA-3)

USAID

This publication was produced by Intrah at the University of North Carolina at Chapel Hill for the PRIME II Project and was made possible through support provided by the Center for Population, Health and Nutrition, Global Bureau, U.S. Agency for International Development, under the terms of Grant Number HRN-A-00-99-00022-00. The views expressed in this document are those of the authors and do not necessarily reflect the views of the U.S. Agency for International Development.